

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213531169						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Hampton Roads Educational Telecommunications Association, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WARREN L TISDALE WILLCOX & SAVAGE PC 440 MONTICELLO AVE STE 2200 NORFOLK, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/2/2013</p> <p>SCC ID NO: 01171313</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
CLASS	AUTHORIZED							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 5200 HAMPTON BLVD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NORFOLK, VA 23508</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BERT SCHMIDT TITLE: P/CEO ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: BERT SCHMIDT TITLE: P/CEO ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR
NAME: BERT SCHMIDT TITLE: P/CEO ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RANDY WEBB TITLE: TREASURER ADDRESS: 101 W. MAIN ST 700 CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: RANDY WEBB TITLE: TREASURER ADDRESS: 101 W. MAIN ST 700 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR
NAME: RANDY WEBB TITLE: TREASURER ADDRESS: 101 W. MAIN ST 700 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: THOMAS F MOREHOUSE TITLE: ASST TREASURER ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: THOMAS F MOREHOUSE TITLE: ASST TREASURER ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR
NAME: THOMAS F MOREHOUSE TITLE: ASST TREASURER ADDRESS: 5200 HAMPTON BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NANCY BRANCH TITLE: SECRETARY ADDRESS: 334 W. OLNEY ROAD CITY/ST/ZIP/CO: NORFOLK, VA 23507 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: NANCY BRANCH TITLE: SECRETARY ADDRESS: 334 W. OLNEY ROAD CITY/ST/ZIP/CO: NORFOLK, VA 23507	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR
NAME: NANCY BRANCH TITLE: SECRETARY ADDRESS: 334 W. OLNEY ROAD CITY/ST/ZIP/CO: NORFOLK, VA 23507	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KIRKLAND M KELLEY TITLE: CHAIR ADDRESS: 150 W MAIN ST SUITE 2100 CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: KIRKLAND M KELLEY TITLE: CHAIR ADDRESS: 150 W MAIN ST SUITE 2100 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR
NAME: KIRKLAND M KELLEY TITLE: CHAIR ADDRESS: 150 W MAIN ST SUITE 2100 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR			

NAME:	VIRGINIA WERNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5200 HAMPTON BLVD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	REED ATKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	870 N. MILITARY HIGHWAY		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		
NAME:	TONY ATWATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 PARK AVENUE		
CITY/ST/ZIP/CO:	SUITE 520 NORFOLK, VA 23504		
NAME:	MICHAEL BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 22ND ST		
CITY/ST/ZIP/CO:	SUITE 400 VIRGINIA BEACH, VA 23451		
NAME:	DAVID BRASHEAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4507 HOLLY ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	JOAN BUCKLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	207 GRANBY STREET		
CITY/ST/ZIP/CO:	SUITE 300 NORFOLK, VA 23510		
NAME:	RONNIE COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 UNIVERSITY PLACE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23604		
NAME:	ANNE CONNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5216 MONTICELLO AVENUE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	KATHRYN COPELAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1447 HADLOCK AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		
NAME:	JOHN FIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19637 GOVERNOR DARDEN ROAD		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837		
NAME:	ELLIE GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 67		
CITY/ST/ZIP/CO:	FRANKTOWN, VA 23354		

NAME:	PHILIP HATCHETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 PARKWAY DRIVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	ASHBY KILGORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 6130		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	ERNEST LENDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 ORIOLE DRIVE		
CITY/ST/ZIP/CO:	#125A VIRGINIA BEACH, VA 23451		
NAME:	CHARLES MOORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 COMMERCIAL PLACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	RIK RIKKOLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1908 MILNHOUSE ROAD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	CONWAY SHEILD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 TOWN CENTER		
CITY/ST/ZIP/CO:	SUITE 800 NEWPORT NEWS, VA 23612		
NAME:	LEONARD SLEDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 8795		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23187		
NAME:	GUY TOWER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 74TH ST		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	MICHAEL WENDEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 TIMBER TRAIL		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23437		
NAME:	Leroy Abrahams	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5200 Hampton Blvd		
CITY/ST/ZIP/CO:	Norfolk, VA 23508		
NAME:	Em Davis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5200 Hampton Blvd		
CITY/ST/ZIP/CO:	Norfolk, VA 23508		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Divaris DIRECTOR 5200 Hampton Blvd Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Duncan DIRECTOR 5200 Hampton Blvd Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dave Iwans DIRECTOR 5200 Hampton Blvd. Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Kaufman DIRECTOR 5200 Hampton Blvd. Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Judith Mansfield DIRECTOR 5200 Hampton Blvd Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barry Pollara DIRECTOR 5200 Hampton Blvd Norfolk , VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alan Wagner DIRECTOR 5200 Hampton Blvd Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deran Whitney DIRECTOR 5200 Hampton Blvd Norfolk, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS F MOREHOUSE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS F MOREHOUSE, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/2/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			